Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04/24/2014	Address:	5629 E 200 S
Incident #:	14ISPC003438		Crawfordsville, IN
County:	Montgomery		47933
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☐ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that	l: Location (bedroom, kitchen, open air, apply) or Birch Reaction(s):	<u>etc)</u>	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s): Detached Garage			
☐ Flammable Solvents: <u>Upstairs bedroom</u>			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid: Detached Garage			
Corrosive Base:			
Other (item and location):			
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
☐ Yes ☑ No	age 18 discovered (check appropriate) (number present) not present but evidence they reside	Living condi unclean Estimated les occurring: N	tions of home: clean disarray disarray ngth of time manufacturing had been Andrews disarray had been disarray disarray had been clean disarray disarra
This report l	has been faxed* or emailed to the fo	ollowing agencies that	at serve the location:
Fire Department City, Township or County Walnut Township Health Department County: Montgomery Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 765-723-1154 Fax: 765-361-3239 Fax: 317-234-7595 or 317-234-7596			
	ormation regarding this methamphetan Officer: <u>Clayton Gum 8730</u> Phon	mine laboratory, cont ne <u>765-567-2125</u>	tact

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.